

County: Marathon
KENNEDY PARK MED & REHAB CENTER
6001 ALDERSON ST

Facility ID: 3380

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SCHOFIELD 54476 Phone:(715) 359-4257
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/04): 148
Total Licensed Bed Capacity (12/31/04): 154
Number of Residents on 12/31/04: 144

Ownership:
Highest Level License: Skilled
Operate in Conjunction with CBRF? No
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 143

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)	
		Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	%
Home Health Care	No	Developmental Disabilities	0.0	Under 65	0.7	1 - 4 Years	49.3
Supp. Home Care-Personal Care	No	Mental Illness (Org./Psy)	36.8	65 - 74	5.6	More Than 4 Years	18.8
Supp. Home Care-Household Services	No	Mental Illness (Other)	0.0	75 - 84	36.8		100.0
Day Services	No	Alcohol & Other Drug Abuse	0.0	85 - 94	51.4	*****	
Respite Care	Yes	Para-, Quadra-, Hemiplegic	0.0	95 & Over	5.6	Full-Time Equivalent	
Adult Day Care	No	Cancer	5.6			Nursing Staff per 100 Residents	
Adult Day Health Care	No	Fractures	16.0		100.0	(12/31/04)	
Congregate Meals	No	Cardiovascular	8.3	65 & Over	99.3		
Home Delivered Meals	No	Cerebrovascular	6.3			RNs	11.5
Other Meals	No	Diabetes	5.6	Gender	%	LPNs	4.0
Transportation	No	Respiratory	2.8			Nursing Assistants,	
Referral Service	No	Other Medical Conditions	18.8	Male	19.4	Aides, & Orderlies	
Other Services	Yes			Female	80.6		
Provide Day Programming for							
Mentally Ill	No		100.0		100.0		
Provide Day Programming for							
Developmentally Disabled	No						

Method of Reimbursement

Level of Care	Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total Resi- dents	% Of All
	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)		
Int. Skilled Care	0	0.0	0	2	1.9	140	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	1.4
Skilled Care	21	100.0	319	101	96.2	120	0	0.0	0	14	100.0	196	0	0.0	0	4	100.0	208	140	97.2
Intermediate	---	---	---	2	1.9	99	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	1.4
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	21	100.0		105	100.0		0	0.0		14	100.0		0	0.0		4	100.0		144	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				

Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
Private Home/No Home Health	1.6	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/With Home Health	0.5	Bathing	0.0	88.2	11.8	144
Other Nursing Homes	5.2	Dressing	3.5	75.7	20.8	144
Acute Care Hospitals	90.7	Transferring	18.8	57.6	23.6	144
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	18.8	57.6	23.6	144
Rehabilitation Hospitals	0.0	Eating	61.8	6.3	31.9	144
Other Locations	2.1	*****				
Total Number of Admissions	193	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	3.5	Receiving Respiratory Care	6.9	
Private Home/No Home Health	11.1	Occ/Freq. Incontinent of Bladder	68.8	Receiving Tracheostomy Care	0.0	
Private Home/With Home Health	13.8	Occ/Freq. Incontinent of Bowel	51.4	Receiving Suctioning	0.0	
Other Nursing Homes	2.6			Receiving Ostomy Care	2.8	
Acute Care Hospitals	45.5	Mobility		Receiving Tube Feeding	0.0	
Psych. Hosp.-MR/DD Facilities	0.5	Physically Restrained	2.8	Receiving Mechanically Altered Diets	20.8	
Rehabilitation Hospitals	0.0					
Other Locations	5.3	Skin Care		Other Resident Characteristics		
Deaths	21.2	With Pressure Sores	2.8	Have Advance Directives	100.0	
Total Number of Discharges (Including Deaths)	189	With Rashes	2.1	Medications		
				Receiving Psychoactive Drugs	43.1	

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 100-199 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	92.9	88.5	1.05	90.2	1.03	90.5	1.03	88.8	1.05
Current Residents from In-County	91.0	80.0	1.14	82.9	1.10	82.4	1.10	77.4	1.17
Admissions from In-County, Still Residing	22.8	17.8	1.28	19.7	1.16	20.0	1.14	19.4	1.17
Admissions/Average Daily Census	135.0	184.7	0.73	169.5	0.80	156.2	0.86	146.5	0.92
Discharges/Average Daily Census	132.2	188.6	0.70	170.5	0.78	158.4	0.83	148.0	0.89
Discharges To Private Residence/Average Daily Census	32.9	86.2	0.38	77.4	0.42	72.4	0.45	66.9	0.49
Residents Receiving Skilled Care	98.6	95.3	1.03	95.4	1.03	94.7	1.04	89.9	1.10
Residents Aged 65 and Older	99.3	92.4	1.07	91.4	1.09	91.8	1.08	87.9	1.13
Title 19 (Medicaid) Funded Residents	72.9	62.9	1.16	62.5	1.17	62.7	1.16	66.1	1.10
Private Pay Funded Residents	9.7	20.3	0.48	21.7	0.45	23.3	0.42	20.6	0.47
Developmentally Disabled Residents	0.0	0.9	0.00	0.9	0.00	1.1	0.00	6.0	0.00
Mentally Ill Residents	36.8	31.7	1.16	36.8	1.00	37.3	0.99	33.6	1.10
General Medical Service Residents	18.8	21.2	0.89	19.6	0.96	20.4	0.92	21.1	0.89
Impaired ADL (Mean)	51.3	48.6	1.05	48.8	1.05	48.8	1.05	49.4	1.04
Psychological Problems	43.1	56.4	0.76	57.5	0.75	59.4	0.72	57.7	0.75
Nursing Care Required (Mean)	4.4	6.7	0.66	6.7	0.66	6.9	0.64	7.4	0.60